Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR NUMBER FILED NUMBER EXTRA **FOR** RATE FEE FEE RATE **BASIC FEE** 345.00 690.00 OR minus 20= **TOTAL CLAIMS** X\$ 9= X\$18= OR minus 3 = INDEPENDENT CLAIMS X39= X78 =OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL **TIONAL** RATE RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18=OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-B REMAINING NUMBER **PRESENT** RATE TIONAL **TIONAL** RATE **AFTER** PREVIOUSLY **AMENDMENT EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE **TIONAL AMENDMENT PREVIOUSLY AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18=OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260≃ OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT. FEE ADDIT, FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION MEDIBER: 09/627383

Total Fee Calculation

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